

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Stephen Barnes et al.	Confirmation No. :	7512
Application No.:	10/695,546	GROUP:	1634
Filing Date:	October 28, 2003	EXAMINER:	Kapushoc
Docket No.:	200123-2		
TITLE:	ASSAY FOR IMIDAZOLINONE RESISTANCE MUTATIONS IN BRASSICA SPECIES		

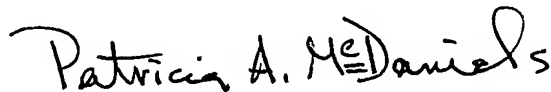
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

PETITION FOR EXTENSION OF TIME

Applicants hereby petition that the time for responding to the Office Action dated June 20, 2006, be extended for a period of three months, resetting the due date to December 20, 2006. Authorization is hereby given to charge the extension fee of \$1,020.00, and any other fee that may be due with regard to this submission, or to credit any overpayment, to Deposit Account Number 02-1197.

Respectfully submitted,
BASF CORPORATION



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Dated: January 16, 2007

05/07/2007 CKH/LOR
05/07/2007 02:197 10695546
05/07/07 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>6-4-07</u>		2 Serial/Patent # <u>10/695346</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$ <u>1,020</u>
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>1,020</u>	
		8 TO BE REFUNDED BY:	
		<input type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: <u>102--1197</u>	
10 REASON:			
<input type="checkbox"/>	Overpayment		
<input type="checkbox"/>	Duplicate Payment		
<input type="checkbox"/>	No Fee Due (Explanation):		
<u>Fee not necessary.</u>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>2-3208</u>	
OFFICE: <u>Petitions</u>			

THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: <u>[Signature]</u>		DATE: <u>6/5/07</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: